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Complete if Known Substitute for form 1449/PTO **Application Number** Filing Date Sept 05, 2003 INFORMATION DISCLOSURE First Named Inventor L n C. Gould STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) Examiner Name Sheet 1 Attorney Docket Number 004

Examiner Initials*	Cite No.1	Document Number Publication Date MM-DD-YYYY Number-Kind Code <sup>2 (# known)</sup>		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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